

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

225001  
BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2010 - 255 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jason Haupstein

Telephone: 843.284.8572

Address: 1813 Parc Vue

Fax: 843.284.8572

Mt. Pleasant, SC 29464

Other: 843.906.2551

Email: jason.haupstein@comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☒ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☐ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other: \_\_\_\_\_

RECEIVED  
JUL 27 2010  
PSC SC  
CLERK'S OFFICE

PSC SC  
MAIL/DIVIS

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

**Charter**  
CLASS C - ~~TAXI~~

Date: July 7, 2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Black Pearl Limousine Service LLC.

1813 Parc Vue Rd.

Street Address of Applicant

Mt. Pleasant SC 29464

Mailing Address of Applicant if different from street address

843.284.8572

Phone

843.284.8572

Fax

jason.haupstein@comcast.net

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Jason Haupstein, 1813 Parc Vue Rd. Mt. Pleasant, SC 29464

Lamont Brown, 296 Killarney Trail Monks Corner, SC 29461

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:  
Month July Year 2010

**Assets:**

Cash	\$2,000.00
Receivables	N/A
Real Estate	N/A
Buildings and Equipment (Net)	\$5,000.00
Motor Vehicles (Net)	N/A
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	N/A
Supplies on Hand	N/A
Prepays and Other Assets	N/A
<b>Total Assets</b>	<b>\$7,000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	N/A
Notes Payable	\$14,500.00
Mortgages Payable	N/A
Equipment Obligations	N/A
Accrued Salaries and Wages	N/A
Other Accrued Obligations	\$4,456.00 per year
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	\$1,000.00
Retained Earnings	N/A
<b>Total Equity</b>	<b>\$7,000.00</b>
<b>Total Liabilities and Equity</b>	<b>\$25,956.00</b>

## **PROPOSED RATES AND CHARGES FOR SERVICE**

**Maximum Proposed Rates and Charges for Service are as follows:**

**\$75.00 per hour**

**Counties to be Served:**

**Charleston**

**Maximum Number of Passengers per Vehicle:**

**6**

## DESCRIPTION OF EQUIPMENT

[illegible]

07/26/2010 10:00 FAX 8437668049

0002/0002

**INSURANCE QUOTE**This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Black Pearl Limousine Service LLC

Name of Motor Carrier

1813 Parc Vue Rd, Mt Pleasant SC 29464

Address of Motor Carrier

**Amount of Premium:****Limits Quoted: (See Below)**Liability Insurance \$ 4,456.00Limits \$1,000,000 CSLThe above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1-7 Passengers	\$ 25,000/50,000/25,000
8-15 Passengers	\$ 25,000/100,000/25,000

Carolina Casualty Ins. Co.

Name of Insurance Company

4600 Touchton Rd, East Bldg 100, #400 Jacksonville

Home Office Address of Company

FL 32203-2575

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

7/26/10

Date

[Signature]

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

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**Black Pearl Limousine Service LLC****Name of Applicant**

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes ☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes ☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes ☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes ☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF Charleston )

[Signature]  
Applicant's Signature

I, [Signature], Managing Operator  
Name of Applicant's Representative Title  
of Black Pearl Limousine Service LLC,  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

[Signature]  
Signature of Applicant's Representative

SWORN TO BEFORE ME  
This 27 day of July, 2010

[Signature]  
Notary Public

Commission Expires Aug 6, 2018



**STATE OF SOUTH CAROLINA  
SECRETARY OF STATE**

**AMENDED ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY**

**TYPE OR PRINT CLEARLY IN BLACK INK**

The Limited Liability Company amends its articles of organization in accordance with Section 33-44-204 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the Limited Liability Company is HANDICAP ACCESS SOLUTIONS LLC.
2. The date the articles of organization were filed is 11/04/2009.
3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization.


Article 1. The name of the limited liability company shall be: Black Pearl Limousine Service LLC

Article 2. The address of the designated office of the limited liability company shall be:

1813 Parc Vue Rd., Mt. Pleasant, SC 29464

4. Please attach additional amendments if space is needed.

Date 6-29-2010

  
Signature  
Jason Edward Hauptstein, Member  
Name/ Capacity

**FILING INSTRUCTIONS**

1. If management of the Limited Liability Company is vested in managers, a manager shall execute these amended articles of organization. If management of the Limited Liability Company is reserved to the members, a member shall execute these amended articles of organization. Specify whether a member or manager is executing these amended articles of organization.
2. File two copies of this form, the original and either a duplicate original or a conformed copy.
3. This form must be accompanied by the filing fee of \$110.00, payable to the Secretary of State.

Return to: Secretary of State  
PO Box 11350  
Columbia SC 29211

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

100712-0204  
BLACK PEARL LIMOUSINE SERVICE LLC  
Filing Fee: \$110.00 ORIG

Mark Hammond

FILED: 07/12/2010  
South Carolina Secretary of State

NOTED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

NOV 9 2009

ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Handicap Access Solutions LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

1150 Hungryneck Blvd., Ste. C # 334

Street Address

Mt. Pleasant

City

29464

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

National Registered Agents, Inc.

Name

Jacob Varghese  
Signature Jacob Varghese, Assistant Secretary

and the street address in South Carolina for this initial agent for service of process is

2 Office Park Court, Suite 103

Street Address

Columbia

City

29223

Zip Code

4. The name and address of each organizer is

(a) LegalZoom.com, Inc.

Name

7083 Hollywood Blvd., Suite 180

Street Address

Los Angeles

City

California

State

90028

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

091104-0071 FILED: 11/04/2009  
HANDICAP ACCESS SOLUTIONS LLC

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

**Handicap Access Solutions LLC**  
**Name of Limited Liability Company**

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(b) \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(c) \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(d) \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Handicap Access Solutions LLCName of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
- \_\_\_\_\_
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer
- LegalZoom.com, Inc.
- \_\_\_\_\_
- By: Sheila Dang, Assistant Secretary
- Date 11/03/2009

#### FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.  
Return to: Secretary of State  
P.O. Box 11350  
Columbia, SC 29211
4. The first annual report for a Limited Liability Company must be delivered to the Secretary of State between January first and April first of the calendar year after which the Limited Liability Company was organized or the foreign company was first authorized to transact business in South Carolina. Subsequent annual reports must be delivered to the Secretary of State no later than three and one-half months after the end of the limited liability company's taxable year.

#### NOTE

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# *The State of South Carolina*

*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

HANDICAP ACCESS SOLUTIONS LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on November 4th, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
4th day of November, 2009.

  
Mark Hammond, Secretary of State

Black Pearl Limousine Service LLC

1813 Parc Vue Rd.

Mt. Pleasant SC. 29464

Ph.843.284.8572

Cell:843.906.2551

Fax:843.284.8572

Email: Jason. hauptstein@comcast.net

Date: July 27

To: Public Reg Staff

From: Jason Hauptstein

Pages: 16 including cover

Subject: Class Tax App

Comments Please email or call cell if you have  
any questions or concerns